

IPDR6702		NORTH CAROLINA					PAGE: 1	
RUN DATE: 03/16/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/18/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	
							FINALIZED	
							PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1782	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1237	DUPLICATE OF CLAIM-SYSTEM	11	4767	4827	
							60	
		8599	470	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	2	
							2	
3404910	PATHWAYS	8505	274	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	63	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	445	3807	
							3362	
		8800	60	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	39	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3746	35	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.	0	124	2334	
							2209	
		8326	27	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	1673	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	511	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	2581	2593	
							12	
		8800	126	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404916	CROSSROADS BERA VIORAL HEAL	8505	2055	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	59	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2159	2199	
							40	
		23	23	SERVICE REQUIRES PRIOR APPROVA L				
3404917	CENTERPOINT HUM AN SERVICES	8505	883	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	79	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1043	3990	
							2947	
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3805	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	384	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4721	4862	141
		8508	347	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASWEL L AREA MH D	23	3	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	3	3	0
3404921	ORANGE PERSON C HATHAM AREA	8505	456	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	235	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	782	2653	1871
		143	57	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	8505	629	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	221	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	850	865	15
3404923	FIVE COUNTY MH	8505	1317	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	740	CLAIM DENIED NO BUDGET FOUND	0	2344	2525	181
		8800	201	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	7736	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1598	CLAIM DENIED NO BUDGET FOUND	7	10812	11114	302
		8800	905	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	64	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	306	2636	2330
		21	45	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	81	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	144	1996	1852
		5404	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	23	5	SERVICE REQUIRES PRIOR APPROVAL				
		8505	5	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	20	140	120
		8326	4	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
3404931	WAKE CO HUM SVC BILLING OF	8505	80	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	7	227	641	414
		120	28	CLIENT ID NUMBER MISSING OR INVALID, ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3475	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	457	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4074	4892	818
		3413	43	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404934	ONSLow CARTERET BEHAV HEAL	8599	294	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	639	1896	1257
		21	65	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8000	6	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	10	287	277
		10	1	DIAGNOSIS OR SERVICE INVALID FOR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404939	EAST CAROLINA B BEHAVIORAL H	8505	3172	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	321	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	3774	4025	251
		8599	79	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTAL HEALTH CE	21	19	DUPLICATE OF CLAIM-SYSTEM				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	94	2983	2889
		3411	17	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

PROVIDER		HIGH DENIAL	NUMBER OF		TMC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8621	7	60 RESIDENTIAL LEVEL III TREAT	0	81	1558	1477
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				N PATIENT NAME				
3404946	FOOTHILLS AREAM	21	92	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		79	59	THIS SERVICE IS NOT PAYABLE TO	0	337	3417	3080
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	52	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				